

Foster Family Home - Deficiency Report

Provider ID: 1-240068

Home Name: Mylene Rivera, CNA

Review ID: 1-240068-3

92-665 Mehani Street

Reviewer: Maribel Nakamine

Kapolei HI 96707

Begin Date: 7/30/2025

Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.d.1- Unannounced visit made for a 2-bed recertification inspection.

Deficiency Report issued during CCFFH inspection with plan of correction due to CTA within 30 days of inspection (issued on 7/30/25).

6.d.1- Client #1 without an 1147 in chart. Client #2's 1147 lapsed on 4/30/25 and no current 1147 present in chart.

Foster Family Home Background Checks [11-800-8]

8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(1), (2)- CG#1's APS/CAN/Fingerprint or Ecrim lapsed on 7/29/25 and no current results present.

Foster Family Home Information Confidentiality [11-800-16]

16.(b)(5) Provide training to all employees, and for homes, other adults in the home, on their confidentiality policies and procedures and client privacy rights.

Comment:

16.(b)(5)- CG#2 and CG#3 were without evidence of having been trained with the CCFFH's confidentiality policies and procedures and client privacy rights.

Foster Family Home Personnel and Staffing [11-800-41]

41.(g) The primary and substitute caregivers shall be assessed by the department for competency in basic caregiver skills and specific skill areas needed to perform tasks necessary to carrying out each client's service plan. The documentation of training and skill competency of all caregivers shall be kept in the client's, case manager's, and caregiver's current records with the current service plan.

Comment:

41.(g)- No basic skills check present for CG#3 in Client #1's chart/records.

Foster Family Home Client Care and Services [11-800-43]

43.(c)(3) Be based on the caregiver following a service plan for addressing the client's needs. The RN case manager may delegate client care and services as provided in chapter 16-89-100.

Comment:

43.(c)(3)- No RN delegation present for Oral Medications Administration for CG#3 in Client #1's chart/records.

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Fire Safety

[11-800-46]

46.(b)(2) All caregivers have been trained to implement appropriate emergency procedures in the event of a fire.

Comment:

46.(b)(2)- CG#3 without evidence of having conducted a monthly fire drill for the CCFFH.

Foster Family Home

Physical Environment

[11-800-49]

49.(c)(3) The home shall be maintained in a clean, well ventilated, adequately lighted, and safe manner.

Comment:

49.(c)(3)- Client #1 and Client #2's bedroom window screens were dusty.

Foster Family Home

Quality Assurance

[11-800-50]

50.(a) The home shall have documented internal emergency management policies and procedures for emergency situations that may affect the client, such as but not limited to:

Comment:

50.(a)- CG#2 without evidence of having been trained with the CCFFH's Emergency Preparedness Plan.

Foster Family Home

Client Rights

[11-800-53]

53.(b)(9) Be treated with understanding, respect, and full consideration of the client's dignity and individuality, including privacy in treatment and in care of the client's personal needs;

Comment:

53.(b)(9)- CCFFH with video surveillance camera in the living room/hallways/dining area- no consent present for Client #2.

Foster Family Home

Records

[11-800-54]

54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

54.(c)(5) Medication schedule checklist;

54.(c)(8) Personal inventory.

Comment:

54.(c)(2)- Client #1's initial/current Service Plan without the rehab services documented in client's service plan.

54.(c)(5)- Acetaminophen 500 mg was not transcribed in Client #1's Medication Administration Record (MAR).

Client #2- Levothyroxine 100 mcg give 1 tab per label and MD's order did not match the client's MAR for July 2025. MAR stated levothyroxine 100 mcg- give 2 tabs.

54.(c)(8)- No Personal Inventory of Client #1's belongings completed/initiated.

Maribel Nakaraine, RN

Compliance Manager

[Signature]
Primary Care Giver

7/30/25

Date

7/30/25
Date